



(For Office Use Only)

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1. Personal Information

Surname (Last Name)		Current Address (Correspondence Address)	
Given Names (First and Middle Names)		Apartment Number / Box / Street	
Preferred Name		City / Province	
Former Name(s) (if applicable)		Postal Code	Country
Date of Birth Month Day Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Other (Specify)	Home Phone Number ()
Canadian Social Insurance No.		Business/Cell Phone Number ()	
Country of Citizenship	E-mail		
First Language (language first spoken)		Permanent Address <input type="checkbox"/> Same as Current Address	
Citizenship Status in Canada		Apartment Number / Box / Street	
<input type="checkbox"/> Canadian Citizen		City / Province	
<input type="checkbox"/> Student Visitor (Study Permit)		Postal Code	
<input type="checkbox"/> Permanent Resident		Country	
<input type="checkbox"/> Other		Home Phone Number ()	Business/Cell Phone Number ()
Effective Date: Month Day Year	Effective Date: Month Day Year	Emergency Contact	
Canadian Aboriginal Applicants		Surname / Given Names	
Do you wish to declare that you are an aboriginal applicant as defined by the Constitution Act of 1982 (Canada)? If so, please specify:		Relationship to Applicant	
<input type="checkbox"/> Status Indian/First Nation		Home Phone Number ()	
<input type="checkbox"/> Métis		Business/Cell Phone Number ()	
<input type="checkbox"/> Non-Status Indian/First Nation			
<input type="checkbox"/> Inuit			

2. Intended Enrolment Status

Admission Track (See Calendar 13.1.1.D) <input type="checkbox"/> Graduate Student <input type="checkbox"/> Special Graduate Student <input type="checkbox"/> Visiting Graduate Student	Please specify the semester, month, and year in which you wish to enroll: <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring/Summer (May-August)
	Beginning: Month Year
Do you wish to enroll full or part time? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

3. Program of Study

Indicate the program to which you are seeking admission.

Degree Program

4. Previous Education

If you attended a school in Alberta, you must provide your Alberta Student Number (ASN)

Alberta Student Number

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Have you written or will you write an educational test (e.g., ACT, SAT) or an English language proficiency test (e.g., IELTS, MELAB, TOEFL)? Yes No
 If yes, state the test taken, date of last writing or date if it is to be written, and available test score. Attach a separate sheet if necessary.

Test Name	Date Written (or proposed date)	Test Score

Will you have a university degree by the time you wish to enroll at Concordia? Yes No If yes, specify degree and date received: _____

Have you previously attended Concordia University College of Alberta? Yes No If yes, state your ID Number

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List all post-secondary institutions that you have attended or are currently attending. Be certain to include all institutions, regardless of the length of attendance, whether or not courses were completed, or whether or not you believe the record will have bearing on your admission or transfer credit. Attach a separate sheet if necessary.

Name of Institution	Location – Province (Country if outside of Canada)	from	to	Language of Instruction								
1.		<table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td style="width: 20px;">Month</td><td style="width: 20px;">Year</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>	Month	Year			<table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td style="width: 20px;">Month</td><td style="width: 20px;">Year</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>	Month	Year			
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Month	Year											
Month	Year											

Name of Institution	Date (mm/yyyy)	Name of Institution	Date (mm/yyyy)
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5. Other Information

Religious Affiliation <hr/> Church Name Location <hr/>	Please state any disability (physical, mental, or learning) for which you may require special assistance. <hr/> <hr/> Do you wish to be contacted by Student and Enrolment Services regarding available resources for students with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Would you like to receive information on Concordia's Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
Are you considering a Church Vocation? <input type="checkbox"/> Yes. <input type="checkbox"/> No If yes, please specify. <input type="checkbox"/> Christian Teacher <input type="checkbox"/> Pastoral Ministry <input type="checkbox"/> Director of Parish Services <input type="checkbox"/> Other _____ <input type="checkbox"/> Parish Nurse	How did you learn about Concordia? (check all that apply) <input type="checkbox"/> Alumni <input type="checkbox"/> Coach <input type="checkbox"/> Educational Institution <input type="checkbox"/> Event _____ (type of event) <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper _____ (newspaper name) <input type="checkbox"/> Outdoor Media (billboard/transit) <input type="checkbox"/> Parent or Sibling <input type="checkbox"/> Printed Material _____ (type) <input type="checkbox"/> Radio _____ (station name) <input type="checkbox"/> Relative (not parent or sibling) <input type="checkbox"/> Teacher or Guidance Counselor <input type="checkbox"/> Television _____ (station name) <input type="checkbox"/> World Wide Web <input type="checkbox"/> Yellow Pages or Phone Book
Activity during the past 12 months (check only one) <input type="checkbox"/> student <input type="checkbox"/> labour force <input type="checkbox"/> other activity <hr/> Primary Location of Activity? (check only one) <input type="checkbox"/> Alberta <input type="checkbox"/> other Canadian province <input type="checkbox"/> outside Canada	

6. Designate Authorization

If you wish to designate a representative to act on your behalf during your initial admission and registration only, please complete this section. You may also designate a representative at a later point by contacting Student and Enrolment Services and completing the appropriate form. Please note that no information regarding your student record, application or registration will be disclosed to others unless you direct us to do so.

Surname / Given Names	Relationship to Applicant	Home Phone Number ()	
Apartment Number / Box / Street	City/Province	Postal Code	Country

7. Applicant Declaration

Read the Applicant Declaration carefully before signing the Application Form. Your signature must be original and in ink.

I certify that all statements made in connection with this application are true and complete in all respects and that no information has been withheld. I understand that misrepresentation, falsification of documents or withholding of requested information are considered serious offences which may result in the immediate cancellation of my admission and registration at Concordia University College of Alberta.

I agree to comply with the standards and regulations of Concordia as outlined in the current Calendar. Completion of this application gives express permission to Concordia to request from other institutions my academic transcripts in addition to those already submitted.

Further, I acknowledge that the information contained herein is required to determine my eligibility for admission and other programs and services offered by Concordia. (For additional information regarding the collection, use and disclosure of information collected on this Application Form, refer to the current Calendar, Section 9.4.1: Protection of Student Information).

Applicant Signature _____ Date _____

8. International Assessment Fee Payment (International Student Admission Only)

I authorize Concordia University College of Alberta to charge against my credit card the International Assessment Fee required to process this application for admission.

<input type="checkbox"/> American Express	Card Number: _____	Expiry Date	<table border="1" style="font-size: small; border-collapse: collapse;"><tr><td style="width: 20px;">Month</td><td style="width: 20px;">Year</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	Month	Year		
Month	Year						
<input type="checkbox"/> Mastercard	Cardholder's Name: _____	Cardholder's Signature: _____					
<input type="checkbox"/> VISA							